



MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: Superintendent ☐ Other Pharmaceutical Personnel ☒

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy... NISAH PHARMACY Facility Identification Number (FIN)... 0103119
Physical address:
Street... MBANDE Ward... CHAMAZI District/Municipal... TEMERKE Region... DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... PIN..... Phone.....
Address..... Email.....

A.3. REASON(S) FOR CHANGE

ASSIGNMENT OF OTHER PHARMACEUTICAL PERSONNEL

Time frame of notification: (As per Contract)..... Signature..... Date.....

A.4. OWNER'S DETAILS

Full Name... HAMISI KAMIKI Phone Number... 0767 430 413
Remarks.....
Signature... [Signature] Date... 20/07/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name... OMARI MKUSA PIN... 0103367 Phone Number... 0789130496 Email... mkusamari@gmail.com
Physical address:
Street... MBANDE Ward... CHAMAZI District/Municipal... TEMERKE Region... DAR-ES-SALAAM
Details of Previous pharmacy:
Name of Pharmacy..... FIN..... District/Municipal..... Region.....

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

- (i) Copies of registration certificate and valid license to practice
- (ii) Contract Agreement/MOU
- (iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations.....
Full Name..... Designation..... Signature..... Date.....

D. NOTE;

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.



BARAZA LA FAMASI



**FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA**
(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☒ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma... OMARI MKUSA PIN 0103367
2. Namba ya simu... 0789130496 barua pepe mkucaomari@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... December 2024
4. Je, umehuisa taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php>) ☐ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... OMARI MKUSA mwenye
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
NITALI PHARMACY FIN lilitopo katika
Wilaya ya TEMERE Mkoani DAR-ES-SALAAM.
Sahihi Tarehe 28/07/2025

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi Ramadhani M. Rajani Tarehe 29/07/2025

Muhuri KNY:
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)... BAKARI A. MUKANOZI Kata ya CHAMAZI

Nadhibitisha kwamba Ndugu OMARI MKUSA

langu mtaa/kijiji... MABENGONI kuanzia mwaka 2019

Sahihi Afisamtendaji

Tarehe 28/07/2025

Muhuri
Afisa Mtendaji
CHAMAZI

FOR MUNICIPAL MEDICAL
HEALTH



THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL



LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

OMARI MKUSA

PIN NO: 0103367

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311

is entitled to practice as a **Full Registered Pharmacist** upon the
terms and subject to the conditions set forth in the
aforesaid Act and its Regulations thereto.

Issued:02 February 2023

Expires on:31 December 2025

Registrar
Pharmacy Council



CONTRACT OF EMPLOYMENT

BETWEEN

NIJALI PHARMACY

AND

OMARI MKUSA

PREPARED BY:

ALLY ABDALLAH JENGO

ADVOCATE

P.O. BOX 76732 DAR ES SALAAM.

TEL: + 255747450662

THIS AGREEMENT is between

- (1) NIJALI PHARMACY whose Registered Office is at Mbande, Temeke ("the Employer") and
- (2) OMARI MKUSA of 0789130496 ("the Employee")

IT IS AGREED that the Employer will employ the Employee and the Employee will work for the Employer on the following terms and conditions:

1. Job title

The Employee's position is that of Pharmacist.

The Employee may from time to time be required to carry out such other reasonable duties as the Employer may decide, without additional remuneration, should this be necessary to meet the needs of the business.

2. Commencement

The Employee's employment with the Employer began on the 25th day of July 2025

3. Probationary period

The first Probationary period of employment will be a probationary period, during which the Employee's performance will be monitored. The probationary period may be extended by the Employer. During the probationary period this employment may be terminated by either party giving one month's notice to the other in writing.

4. Hours of work

The Employee's normal working hours are:

Monday	from 8 a.m	to 3 p.m
Tuesday	from 8 a.m	to 3 p.m
Wednesday	from 8 a.m	to 3 p.m
Thursday	from 8 a.m	to 3 p.m
Friday	from 8 a.m	to 3 p.m
Saturday	from 8 a.m	to 3 p.m

This is a total of 42 hours per week.

The Employee may be required to work such further hours as may be necessary to fulfil his/her duties or the needs of the business. Whenever possible, [Responsible manager] will give the Employee reasonable notice of any additional hours.

5. Place of work

The Employee's normal place of work will be at Mbande, Temeke.

[Provided that the Employer reserves the right to change this to any place within [Area of work].]

6. Payment

Payment will depend on the profit made and may be on a 50/50 basis.

7. Confidentiality

The Employee may not either during or at any time after the termination of his/her employment with the Employer disclose to anyone other than in the proper course of his/her employment, any information of a confidential nature relating to the Employer, the Employer's customers or suppliers and shall further not use any such information in a manner which may either directly or indirectly cause loss to the Employer. Confidential information includes (but is not limited to) financial information, commercial information, technical information, sales and marketing information and trade secrets.

8. Property

The Employee acknowledges that all files, customer records, lists, books, records, literature, software, products and work products developed by the Employee in the course of his/her employment with the Employer, and other materials owned by the Employer or used by the Employer in connection with the conduct of business by the Employer shall at all times remain the sole property of the Employer, and the Employee agrees that upon request and upon termination of the Employee's employment hereunder, howsoever arising, the Employee shall surrender to the Employer all such files, customer records, lists, books, records, literature, products, software, work products, and any copies thereof and all other property belonging to the Employer.

9. General

The Employer reserves the right to vary the terms of employment contained in this Agreement. The Employer will notify the Employee in writing within one month of such variation. This statement replaces all of the Employee's previous terms and conditions of employment with the Employer.

This Agreement shall be construed in all respects under the law of the United Republic of Tanzania and the Courts of the United Republic of Tanzania shall have non-exclusive jurisdiction in all matters relating thereto.

Dated at Dar es Salaam this 26th day of JULY 2025

Signed and Delivered by the said HAMISI KANIKI

who is known to me personally/who

has been identified to me by

.....

the latter being known to me personally

in my presence this 26th day of JULY 2025.


EMPLOYER

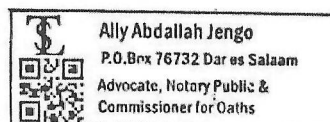
Before Me:

Signature: 

Name: ALLY ABDALLAH JENGO

Address: P.O BOX 76732 DAR ES SALAAM

Qualification: NOTARY PUBLIC



Signed and Delivered by the said OMARI MKUSA

who is known to me personally/who

has been identified to me by

.....

the latter being known to me personally

in my presence this 26 day of JULY..... 2025.



EMPLOYEE

Before Me:

Signature: 

Name: ALLY ABDALLAH JENGO

Address: P.O BOX 76732 DAR ES SALAAM

Qualification: NOTARY PUBLIC

